



GOVERNMENT OF GUAM  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
OFFICE OF VITAL STATISTICS \* WWW.DPHSS.GUAM.GOV



## CERTIFICATE OF ADOPTION

Revised 07/20

**INSTRUCTIONS: THIS FORM SHOULD BE TYPED OR PRINTED IN BLACK OR BLUE INK.**

The attorney must complete Parts I-II with information secured from the adopting parents as it relates to them at the time of the birth of the child being adopted. This information will be used to prepare a new birth certificate. If the child was born in another state or foreign country, the Office of Vital Statistics will forward the form to the proper office.

<b>PART I</b>	<b>INFORMATION ABOUT CHILD BEFORE ADOPTION</b>				
THIS INFORMATION IS USED TO LOCATE AND AMEND THE CHILD'S ORIGINAL BIRTH RECORD	NAME OF CHILD AT BIRTH OR NAME AS SHOWN ON BIRTH CERTIFICATE	SEX	DATE OF BIRTH	BIRTH CERTIFICATE NO	
	PLURALITY (SINGLE, TWINS, ETC.)	IF NOT SINGLE BIRTH-BIRTH ORDER (SPECIFY)		PLACE OF BIRTH (HOSPITAL, CITY, STATE)	
	FULL MAIDEN NAME OF BIOLOGICAL MOTHER		NAME OF BIOLOGICAL FATHER		
	IF CHILD PREVIOUSLY ADOPTED, PLEASE GIVE ADOPTIVE PARENT'S NAMES				
	<b>PART II</b>				
IF STEP-PARENT, ADOPTION INFORMATION FOR BIOLOGICAL PARENT MUST BE COMPLETED	<b>INFORMATION ABOUT CHILD AFTER ADOPTION</b>				
	NAME OF CHILD AFTER ADOPTION (FIRST)		(MIDDLE)	(LAST)	
	<b>PARENT #1</b>  ___ ADOPTIVE ___ NATURAL ___ STEP- PARENT ___ NONE	FIRST NAME	MIDDLE NAME	MAIDEN NAME	PRESENT LEGAL SURNAME
		BIRTH PLACE	SSN	DATE OF BIRTH	RACE
		<b>EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)</b>			
		ELEMENTARY (#1-8)	HIGH SCHOOL (#9-12)		COLLEGE (#1 TO 5+)
	<b>PARENT #2</b>  ___ ADOPTIVE ___ NATURAL ___ STEP- PARENT ___ NONE	FIRST NAME	MIDDLE NAME	MAIDEN NAME	PRESENT LEGAL SURNAME
		BIRTH PLACE	SSN	DATE OF BIRTH	RACE
		<b>EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)</b>			
		ELEMENTARY (#1-8)	HIGH SCHOOL (#9-12)		COLLEGE (#1 TO 5+)
	NUMBER OF LIVE BIRTHS PRIOR TO BIRTH OF ADOPTED CHILD		NUMBER OF ADOPTED CHILDREN PRIOR TO BIRTH OF ADOPTED CHILD		NUMBER OF FETAL DEATHS (STILLBIRTHS)
	NO. LIVING _____ NO. DEAD _____		NO. LIVING _____ NO. DEAD _____		NO OF DEATHS _____
	NONE <input type="checkbox"/>		NONE <input type="checkbox"/>		NONE <input type="checkbox"/>
	RESIDENCE OF ADOPTIVE PARENT(S) AT TIME OF CHILD'S BIRTH (PHYSICAL ADDRESS)				
	CURRENT MAILING ADDRESS OF ADOPTIVE PARENTS INCLUDING ZIP CODE			TELEPHONE ( )	
NAME AND COMPLETE ADDRESS OF ATTORNEY (PLEASE TYPE OR PRINT)			TELEPHONE ( )		
AFTER COMPLETING PART III, THE CLERK SHOULD FORWARD THE CERTIFICATE TO TERRITORIAL REGISTRAR	<b>PART III</b>				
	<b>CERTIFICATE OF CLERK OF COURT</b>				
I hereby certify that there was a decree of adoption entered on _____ day of _____, which adjudged that the child named in Part I is deemed to be for legal intents and purposes the child of the adoptive parents identified above.					
DATED _____		CASE NUMBER	JUDICIAL CIRCUIT		
FOR REGISTRAR ONLY	<b>PART IV</b>				
	<b>CERTIFICATION OF TERRITORIAL REGISTRAR</b>				
I hereby certify that this certificate was received on:					
DATE FILED (MONTH/DAY/YEAR) _____		REGISTRAR'S SIGNATURE _____			

